

# Child Trends' survey of recent family planning clients.

Fielded September 2023 through Qualtrics survey platform

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## Start of Block: Eligibility Screener, part 1

Thank you for your interest in this study!

We will ask you a few questions to determine if you qualify to take our approximately 20-minute survey.

If you have any questions about the survey afterwards, please feel free to contact the study team at [email]

Please click the "Next" arrow to continue.

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Q1 How old are you?

- Under 18 (1)
  - 18-24 (2)
  - 25-29 (3)
  - 30-34 (4)
  - 35-39 (5)
  - 40-45 (6)
  - 46 or older (7)
- 

Q2 What sex were you assigned at birth (which may be different from how you identify now)?

- Male (1)
  - Female (2)
  - Intersex (3)
-

Q3 What race/ethnicity do you identify as? Please select one or more options.

- Hispanic or Latino (1)
  - American Indian or Alaska Native (9)
  - Asian (2)
  - Black or African American (3)
  - Middle Eastern or North African (8)
  - Native Hawaiian or Other Pacific Islander (4)
  - White or Caucasian (5)
  - Other not listed here (specify) (6)
- 

*Skip To: income If race = Hispanic or Latino*

*Skip To: income If race = American Indian or Alaska Native*

*Skip To: income If race = Asian*

*Skip To: income If race = Black or African American*

*Skip To: income If race = Middle Eastern or North African*

*Skip To: income If race = Native Hawaiian or Other Pacific Islander*

*Skip To: income If race = White or Caucasian*

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Display This Question:

If If What race/ethnicity do you identify as? Please select one or more options. Text Response Is Equal to mixed

Or Or What race/ethnicity do you identify as? Please select one or more options. Text Response Is Equal to mixed race

Or Or What race/ethnicity do you identify as? Please select one or more options. Text Response Is Equal to mixed-race

And If

race != Hispanic or Latino

And race != Asian

And race != Black or African American

And race != Native Hawaiian or Other Pacific Islander

And race != White or Caucasian

And race != Hispanic or Latino

And race != Middle Eastern or North African

Q4 We recorded your write-in response to the prior question. Please also choose the categories that best describe the races or ethnicities that you most identify as.

- Hispanic or Latino (1)
- American Indian or Alaskan Native (7)
- Asian (2)
- Black or African American (3)
- Middle Eastern or North African (6)
- Native Hawaiian or Other Pacific Islander (4)
- White or Caucasian (5)



Q5 Thinking about your household's income from all sources this past year, what was the approximate income earned by everyone, before taxes?

*What is household income?*

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Q6 What's your household size? That is, how many individuals, including yourself, share all or most financial resources within your household?

*How should I calculate my household size?*

▼ 1 (1) ... 14+ (14)

Q7 In the past 12 months, which services did you receive from a health care provider (clinic or doctor's office)?

Please select all that apply.

- An **annual checkup** or wellness exam with a **primary care provider** (1)
- An **annual checkup** or wellness exam with a **gynecologist or OBGYN** (pelvic exam, pap smear, HPV vaccination, etc) (2)
- Appointments with a **specialist** to manage a chronic condition (a long-term health issue) or an acute illness (like an injury or short-term issue) (3)
- Birth control services** (such as birth control methods, birth control counselling, and pregnancy testing) (10)
- Mental health care** (including inpatient or outpatient therapy or psychiatric services) (5)
- Sexually transmitted infection (STI)** testing or treatment (11)
- COVID related care** including testing and treatment (7)
- Assistance to achieve **pregnancy, fertility services, or pregnancy testing** (9)

End of Block: Eligibility Screener, part 1

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Start of Block: Eligibility Screener, part 2

*Display This Question:*

*If servicetype\_screener = An **annual checkup** or wellness exam with a **gynecologist or OBGYN** (pelvic exam, pap smear, HPV vaccination, etc)*

*Or servicetype\_screener = **Birth control services** (such as birth control methods, birth control counselling, and pregnancy testing)*

*Or servicetype\_screener = **Sexually transmitted infection (STI)** testing or treatment*

*Or servicetype\_screener = Assistance to achieve **pregnancy, fertility services, or pregnancy testing***

Q8 Above you indicated you received sexual or reproductive health services in the past 12 months (for example, an annual checkup with a gynecologist or OBGYN, pregnancy prevention or fertility services, STI testing or treatment)

Where did you most recently receive these services? Please select **one type** of location.

- Private doctor's office (1)
- Health Maintenance Organization (HMO) facility (like Kaiser Permanente) (2)
- Community health clinic, community clinic, public health clinic (3)
- Family planning or Planned Parenthood Clinic (4)
- Employer or company clinic (5)
- School or school-based clinic (6)
- A clinic or center within a public hospital (7)
- A hospital emergency room (8)
- Urgent care center, urgi-care or walk-in facility (10)
- In-store health clinic (like CVS, Target, or Walmart) (11)
- Some other place (12)

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*Display This Question:*

*If servicetype\_screener = An **annual checkup** or wellness exam with a **gynecologist or OBGYN** (pelvic exam, pap smear, HPV vaccination, etc)*

*Or servicetype\_screener = **Birth control services** (such as birth control methods, birth control counselling, and pregnancy testing)*

*Or servicetype\_screener = **Sexually transmitted infection (STI)** testing or treatment*

*Or servicetype\_screener = Assistance to achieve **pregnancy, fertility services, or pregnancy testing***

Q9 How did you pay for the most recent services you received?

- I paid the full cost myself (out of pocket) (1)
- I received a discounted price and paid the cost myself (sliding scale) (2)
- My insurance covered the entire cost (3)
- My insurance covered part of the cost, and I paid a copay (4)
- The service was free (5)

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Page Break



Q10 What US state or territory do you live in?

▼ Alabama (AL) (1) ... Virgin Islands (VI) (56)



Q11 What is your zip code?

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End of Block: Eligibility Screener, part 2

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Start of Block: Survey

Q12 On the screener survey you stated that you received sexual and reproductive health (SRH) services in the past 12 months. We would now like to know in more detail the types of services you received **at your last visit**.

Did you receive any of the following services related to general reproductive health or pregnancy prevention **at your last visit?** (Please select all)

- A wellness exam (for example a check-up or annual exam during which you might receive a pap smear or pelvic exam) (1)
- A method of birth control or a prescription for a method (9)
- A check-up, medical test or counselling related to using a birth control method (2)
- A tubal ligation, hysterectomy, or other operation to permanently prevent pregnancies (3)
- Emergency contraception, also known as 'Plan B', or the 'Morning-after pill,' or a prescription for it (4)
- None of the above (8)

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Q13 Did you receive any of the following pregnancy or fertility related services **at your last visit?**

- Discussion about your reproductive health goals (1)
- A pregnancy test (2)
- Abortion (3)
- Fertility services (4)
- Prenatal services (5)
- None of the above (6)

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Q15 Did you receive any of the following services related to STI testing, treatment, or prevention **at your last visit?**

- Testing and/or treatment for a sexually transmitted infection (STI), such as HIV, herpes, chlamydia, gonorrhea, and syphilis (1)
- Provision of HIV pre-exposure prophylaxis (PrEP) (2)
- Referral for treatment for HIV (3)
- Evaluation of discharge or irritation of the vagina such as a yeast infection or bacterial vaginosis (4)
- An HPV vaccination (5)
- None of the above (6)

Q17 How many times had you previously received SRH services at this location?

- Never (1)
  - Once or twice (2)
  - Three or more times (3)
- 

Q18 Overall, how satisfied were you with your last visit?

- Completely satisfied (1)
  - Somewhat satisfied (2)
  - Somewhat unsatisfied (3)
  - Completely unsatisfied (4)
- 

Q19 Overall, please rate your experience with your last visit.

- Mostly positive (1)
  - Somewhat positive (2)
  - Somewhat negative (3)
  - Mostly negative (4)
-

Q20 Did you use any online systems run by the facility where you received SRH care at your last visit such as an online scheduler or messaging system?

- Yes (1)
- No (2)
- The facility does not have any online systems (3)

*Skip To: Q22 If Q20 = No*  
*Skip To: Q22 If Q20 = The facility does not have any online systems*

Q21 Please rate the online systems run by the facility where you received SRH care at your last visit based on how easy the systems were to use for...

	Excellent (1)	Good (2)	Fair (3)	Poor (4)	N/A (5)
scheduling appointments or follow ups (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
messaging your provider (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
checking lab results (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
requesting prescription refills (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 Was your last SRH visit in person or did you use telehealth (a phone or video call with a provider)?

- In person (1)
- Telehealth (via a phone or video call using a computer, tablet, or phone) (2)

*Display This Question:*

*If Q22 = Telehealth (via a phone or video call using a computer, tablet, or phone)*

Q23 Did you want to receive care in person instead, but were unable to for some reason?

- No, I wanted to receive care through telehealth (1)
- Yes, I wanted to receive care in person but was unable to (2)

*Display This Question:*

*If Q22 = Telehealth (via a phone or video call using a computer, tablet, or phone)*

*And Q23 = Yes, I wanted to receive care in person but was unable to*

Q24 What were some of the barriers you experienced to receiving care in person? Select all that apply.

- In person services weren't being offered because of COVID (1)
  - I was worried about going in person because of COVID (2)
  - The facility I went to didn't offer appointments at a time that was convenient (3)
  - I couldn't get transportation to the facility (4)
  - The facility was too far away (5)
  - The provider I wanted was only available through telehealth (6)
  - Other (specify) (7)
- 

*Display This Question:*

*If Q22 = Telehealth (via a phone or video call using a computer, tablet, or phone)*

Q25 Please indicate how much you agree with the following statements regarding your experience receiving SRH care via telehealth at your last visit.

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
Telehealth made it easier to access to healthcare services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The telehealth online platform was simple and easy to understand (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable communicating with the clinician using the telehealth system (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The wait time was short (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would use telehealth services again (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Display This Question:*

*If Q22 = Telehealth (via a phone or video call using a computer, tablet, or phone)*

Q26 Please rate your experience accessing SRH care via telehealth at your last visit:

	Excellent (1)	Good (2)	Fair (3)	Poor (4)	N/A (5)
Ease of intake or check in processes (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of wait time (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of payment (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of finding the links for the appointment (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language translation services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*Display This Question:*

*If Q22 = In person*

Q27 Did you want to receive SRH care via telehealth instead, but were unable to for some reason?

- No, I wanted to receive care in person (1)
- Yes, I wanted to receive care through telehealth but was unable to (2)

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*Display This Question:*

*If Q22 = In person*

*And Q27 = Yes, I wanted to receive care through telehealth but was unable to*

Q28 What were some of the barriers you experienced to receiving care via telehealth? Select all that apply.

- I don't have access to the internet or my access to the internet is unreliable (1)
  - I could not get enough privacy in my home, school, or workplace to have a telehealth appointment (2)
  - The facility I went to didn't offer telehealth services (3)
  - The telehealth system at my facility wasn't working (4)
  - The telehealth system at my facility is too difficult to navigate or understand (5)
  - Telehealth wasn't possible for the services I needed (6)
  - There weren't any telehealth appointments available (7)
  - Other (specify) (8)
- 

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*Display This Question:*

*If Q22 = In person*



Q29 Please rate your experience accessing SRH care in person at your last visit:

	Excellent (1)	Good (2)	Fair (3)	Poor (4)	N/A (5)
Friendliness of front-desk staff (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness of nurses, medical assistants, and other medical providers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of intake or check in processes (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of wait time (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language translation services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical environment (e.g. comfort, cleanliness) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of getting to location (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q30 During your last visit with a SRH care provider, did the doctor or other medical care provider ask you any of the following questions (either during the appointment or on the intake paperwork)?

- Whether you are sexually active (1)
- The types of sex you have (e.g. vaginal, oral, or anal) (2)
- Your sexual orientation or the sex of your sexual partners (3)
- The number of sexual partners you have (4)
- If you want to get pregnant or have a baby (5)
- Whether you use condoms for STI or pregnancy prevention (6)
- Your past experience using contraceptives including current and previous methods (7)
- Your desired contraceptive method (8)
- Your past history of STIs (9)
- Whether you received the HPV vaccine (10)

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*Display This Question:*

*If Q12 != A method of birth control or a prescription for a method*

*And Q12 != A check-up, medical test or counselling related to using a birth control method*

*And Q12 != A tubal ligation, hysterectomy, or other operation to permanently prevent pregnancies*

*And Q12 != Emergency contraception, also known as 'Plan B', or the 'Morning-after pill,' or a prescription for it*

*Or If*

*Q12 = None of the above*

Q31 During your most recent visit with a SRH care provider, how do you think your doctor or clinician did? Please rate them on each of the following.

	Excellent (1)	Very good (2)	Good (3)	Fair (4)	Poor (5)
Respecting me as a person (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showing care and compassion (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving me an opportunity to ask questions (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considering my personal situation when advising me about my healthcare (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining any additional SRH appointments, testing, or treatments I may need with me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considering how my identities (e.g. race/ethnicity, sexual orientation) when advising me about my healthcare (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making me feel like we can work together to reach my SRH goals (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritizing my physical comfort during exams, test, and treatments (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Display This Question:*

*If Q12 = A method of birth control or a prescription for a method*

*Or Q12 = A check-up, medical test or counselling related to using a birth control method*

*Or Q12 = A tubal ligation, hysterectomy, or other operation to permanently prevent pregnancies*

*Or Q12 = Emergency contraception, also known as 'Plan B', or the 'Morning-after pill,' or a prescription for it*

Q32 During your most recent visit with a SRH care provider, how do you think your doctor or clinician did? Please rate them on each of the following.

	Excellent (1)	Very good (2)	Good (3)	Fair (4)	Poor (5)
Respecting me as a person (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Letting me say what mattered to me about my birth control (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking my preferences about birth control seriously (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving me enough information to make the best decision about my birth control (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Showing care and compassion (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving me an opportunity to ask questions (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considering my personal situation when advising me about my healthcare (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explaining any additional SRH appointments, testing, or treatments I may need with me (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering how my identities (e.g. race/ethnicity, sexual orientation) when advising me about my healthcare (9)

Making me feel like we can work together to reach my SRH goals (10)

Prioritizing my physical comfort during exams, tests, and treatments (11)

Q33 Which of the following factors are important to you when choosing an SRH care provider?

	Very important (1)	Somewhat important (2)	Not important (3)
The provider has the same gender as me (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provider has the same race or ethnicity as me (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provider has experience working with LGBTQ patients (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provider is familiar with my culture or religion (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The provider speaks languages other than English (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

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Q34 Thinking about the provider characteristics listed on the previous page, which of the following were met during your most recent visit with an SRH provider? Select all that apply.

*Display This Choice:*  
 If Q33 = The provider has experience working with LGBTQ patients [ Very important ]  
 Or Q33 = The provider has experience working with LGBTQ patients [ Somewhat important ]  
*Display This Choice:*  
 If Q33 = The provider is familiar with my culture or religion [ Very important ]  
 Or Q33 = The provider is familiar with my culture or religion [ Somewhat important ]

	Yes (1)	No (2)
I think the provider had the same gender as me (1)	<input type="radio"/>	<input type="radio"/>
I think the provider was the same race or ethnicity as me (2)	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> If Q33 = The provider has experience working with LGBTQ patients [ Very important ] Or Q33 = The provider has experience working with LGBTQ patients [ Somewhat important ]	<input type="radio"/>	<input type="radio"/>
The provider had experience working with LGBTQ patients (3)		
<i>Display This Choice:</i> If Q33 = The provider is familiar with my culture or religion [ Very important ] Or Q33 = The provider is familiar with my culture or religion [ Somewhat important ]	<input type="radio"/>	<input type="radio"/>
The provider was familiar with my culture or religion (4)		
The provider spoke the same language as me (5)	<input type="radio"/>	<input type="radio"/>



Q35 During your most recent visit with a SRH care provider, did you feel that your provider or their staff treated you unfairly or made you uncomfortable for any of the following reasons? Select all that apply.

- Not applicable – I was not treated unfairly (1)
  - Your race or ethnicity (12)
  - Your gender or sexual identity (2)
  - Your relationship status (3)
  - A disability or health condition (4)
  - Your size or physical appearance (5)
  - Your age (6)
  - Your religion, language, citizenship status, or other aspects of your culture (7)
  - Your income or health insurance status (8)
  - Your sexual or reproductive history, including number of partners and past pregnancies, births, or abortions (9)
  - Other (specify) (10)
-

Display This Question:

*If Q35 = Your gender or sexual identity*

*Or Q35 = Your relationship status*

*Or Q35 = A disability or health condition*

*Or Q35 = Your size or physical appearance*

*Or Q35 = Your age*

*Or Q35 = Your religion, language, citizenship status, or other aspects of your culture*

*Or Q35 = Your income or health insurance status*

*Or Q35 = Your sexual or reproductive history, including number of partners and past pregnancies, births, or abortions*

*Or Q35 = Other (specify)*

Q36 As a result of this unfair treatment, did you do any of the following things? Select all that apply.

- You didn't ask some questions or share information that you had wanted to (1)
  - You tried to end your appointment quickly (2)
  - You didn't ask for or receive the medical help or treatment you wanted or needed (3)
  - You booked or plan to book your next sexual and reproductive health care visit with a different provider or clinic (4)
  - You gave feedback to your provider or other administrators at the clinic (5)
  - Other (specify) (6)
- 
- None of the above (7)

Q37 For the following question, think of your visits to SRH care providers **in the past 3 years other than the most recent visit in the past 12 months.**

**Q47 Other than your most recent visit**, have you had at least one visit to an SRH care provider that you would rate ***mostly negative in the past 3 years?***

- Yes (1)
- No (2)
- Not applicable, I have not received sexual or reproductive health services in the past 3 years except my most recent visit in the past 12 months. (3)

*Skip To: Q38 If Q47 = No*

*Skip To: Q58 If Q47 = Not applicable, I have not received sexual or reproductive health services in the past 3 years except my most recent visit in the past 12 months.*

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*Display This Question:*

*If Q47 = Yes*

Q48 Where did you receive these services?

- Private doctor's office (1)
- Health Maintenance Organization (HMO) facility (like Kaiser Permanente) (2)
- Community health clinic, community clinic, public health clinic (3)
- Family planning or Planned Parenthood Clinic (4)
- Employer or company clinic (5)
- School or school-based clinic (6)
- A clinic or center within a public hospital (7)
- A hospital emergency room (8)
- Urgent care center, urgi-care or walk-in facility (9)
- In-store health clinic (like CVS, Target, or Walmart (10)
- Some other place (11)

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*Display This Question:*

*If Q47 = Yes*

Q50 Was this visit in person or did you use telehealth (a phone or video call with a provider)?

- In person (1)
- Telehealth (via a phone or video call using a computer, tablet, or phone) (2)

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*Display This Question:*

*If Q47 = Yes*

Q51 Did you receive any of the following services during this negative visit?

A wellness exam (for example a check-up or annual exam during which you might receive a pap smear or pelvic exam) (1)

Birth control services (for example, a birth control method or counseling/check-up related to a birth control method) (2)

Pregnancy care, abortion care, or fertility services (3)

STI testing, treatment, or prevention (4)

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*Display This Question:*

*If Q47 = Yes*



Q54 Which of the following experiences with the provider made this visit mostly negative?  
Select the three most important.

The provider did not give me an opportunity to ask questions or did not answer my questions (1)

The provider did not give me the referrals or follow-up care I needed (2)

The provider or other healthcare staff treated me unfairly, made me uncomfortable, and/or were dismissive (3)

The provider did not let me say what mattered to me or take my preferences seriously (4)

The provider did not consider my identities, background, and/or personal experience when advising me about my healthcare (5)

I felt pressured to choose a particular contraceptive method, or undergo unwanted tests, or treatments (6)

The provider didn't prioritize my physical comfort during exams, tests, or treatments (7)

Other (specify) (8)

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*Display This Question:*

*If Q47 = Yes*



Q55 Which of the following experiences with the facility made this visit mostly negative? Select the three most important.

- The appointment was too brief (1)
  - I received tests or treatments I did not want, or didn't receive tests or treatments I wanted (2)
  - The telehealth-related or other digital systems didn't work or were difficult to navigate (3)
  - I couldn't afford the services (4)
  - The wait time was long (5)
  - The facility was difficult to access (e.g. far away, lack of public transportation) (6)
  - The front desk staff were mean or abrupt (7)
  - Other (specify) (8)
- 

*Display This Question:*

*If Q47 = Yes*

Q56 As a result of this negative experience, did you do any of the following things? Select all that apply.

- You didn't ask questions or share information that you wanted to (1)
  - You tried to end the appointment quickly (2)
  - You didn't ask for or receive the medical help or treatment you wanted or needed (3)
  - You booked your next sexual and reproductive health care visit with a different provider or clinic (4)
  - You delayed getting care again (5)
  - You gave feedback to your provider or other administrators at the clinic (6)
  - Other (specify) (7)
- 
- None of the above (8)

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*Display This Question:*

*If Q47 = Yes*

Q90 Please describe your negative experience further in 1-2 sentences.

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Q38 **Other than your most recent visit**, have you had at least one visit to an SRH care provider that you would rate **mostly positive in the past 3 years?**

- Yes (1)
- No (2)
- Not applicable, I have not received sexual or reproductive health services in the past 3 years except my most recent visit in the past 12 months. (3)

*Skip To: Q58 If Q38 != Yes*

*Display This Question:*

*If Q38 = Yes*

Q39 Where did you receive these services?

- Private doctor's office (1)
- Health Maintenance Organization (HMO) facility (like Kaiser Permanente) (2)
- Community health clinic, community clinic, public health clinic (3)
- Family planning or Planned Parenthood Clinic (4)
- Employer or company clinic (5)
- School or school-based clinic (6)
- A clinic or center within a public hospital (7)
- A hospital emergency room (8)
- Urgent care center, urgi-care or walk-in facility (9)
- In-store health clinic (like CVS, Target, or Walmart (10)
- Some other place (11)

*Display This Question:*

*If Q38 = Yes*

Q41 Was this visit in person or did you use telehealth (a phone or video call with a provider)?

- In person (1)
- Telehealth (via a phone or video call using a computer, tablet, or phone) (2)

*Display This Question:*

*If Q38 = Yes*

Q42 Did you receive any of the following services related to pregnancy prevention during this positive visit?

- A wellness exam (for example a check-up or annual exam during which you might receive a pap smear or pelvic exam). (1)
- Birth control services (for example, a birth control method or counseling/check-up related to a birth control method) (2)
- Pregnancy care, abortion care, or fertility services (3)
- STI testing, treatment, or prevention (4)

*Display This Question:*

*If Q38 = Yes*



Q45 Which of the following experiences with the provider made this visit mostly positive? Select the three most important.

- The provider gave me an opportunity to ask questions and answered my questions completely (1)
  - The provider gave me the referrals or follow-up care I needed (2)
  - The provider or other healthcare staff were kind and understanding of me (3)
  - The provider considered my identities, background, and/or personal circumstances when advising me about my healthcare (4)
  - The provider let me say what mattered to me and took my preferences seriously (5)
  - The provider gave me enough information to make the best decision about my healthcare (6)
  - The provider prioritized my physical comfort during exams, test, and treatments (7)
  - Other (specify) (8)
- 

*Display This Question:*

*If Q38 = Yes*



Q46 Which of the following experiences with the facility made this visit mostly positive? Select the three most important.

- I had enough time with the provider (1)
  - I received all the tests or treatments I wanted (2)
  - The telehealth-related or other digital systems worked efficiently and were easy to navigate (3)
  - The services were affordable (4)
  - The wait time was short (5)
  - The facility was easy to access (6)
  - The front desk staff were friendly and/or helpful (7)
  - Other (specify) (8)
- 

---

*Display This Question:*

*If Q38 = Yes*

Q91 Please describe your positive experience further in 1-2 sentences.

---



Q58 Some people may experience logistical barriers to receiving SRH services when they want care. Please select the logistical barriers that you experienced in the past three years (select up to three)

- Not applicable, I didn't experience any logistical barriers to receiving SRH care (1)
  - You were worried you wouldn't be able to afford the services (2)
  - You could not get appointment (3)
  - You did not know where to go (4)
  - You had transportation-related problems (5)
  - You could not see your preferred provider (6)
  - The office hours were inconvenient (7)
  - Your preferred clinic didn't offer the services you wanted (8)
  - You had family or work responsibilities (9)
  - Other logistical concerns not listed (specify) (10)
- 



Q59 Some people may experience other barriers to receiving SRH services when they want care. Please select the other barriers that you experienced in the past three years (select up to three)

- Not applicable, I didn't experience any other barriers to receiving SRH care (1)
  - You were worried you could not communicate with the provider due to language barriers (2)
  - You were worried the provider would not be trustworthy (3)
  - You were worried about unfair treatment due to your lack of insurance or ability to pay (4)
  - You were worried about unfair treatment due to your race, ethnicity, nationality, gender, sexual orientation, culture, or lifestyle (5)
  - You were worried about unfair treatment due to the services you wanted to receive (6)
  - Other concerns not listed (specify) (7)
- 

Page Break

Q60 Now we would like to ask you a few general questions about your reproductive health.

Are you pregnant now?

- Yes (1)
- No (2)
- Maybe (3)
- Don't know (4)
- Prefer not to answer (5)

*Skip To: Q89 If Q60 = Yes*

---

Q61 Are you trying to get pregnant now?

- Yes (1)
- No (2)

*Skip To: Q89 If Q61 = Yes*

---

Q62 Have you and another person engaged in any of the following types of sexual activity for pleasure in the past 3 months?

*Only answer about times you willingly chose to participate.*

- Touching or rubbing against each other's genitals (1)
  - Giving or receiving oral sex (2)
  - Penile-vaginal sex (3)
  - Anal sex (4)
  - None of the above (5)
  - Prefer not to answer (6)
-



**Q63 In the past 3 months**, have you used any of these methods of contraception, **even for reasons other than preventing pregnancy**? Select all that apply.

- Condom (1)
  - Birth control pills (2)
  - The shot (for example, Depo Provera) (3)
  - The patch (for example, Ortho Evra) (4)
  - The ring (for example, NuvaRing) (5)
  - IUD (for example, Mirena, Skyla, or Paragard) (6)
  - Implant (for example, Implanon or Nexplanon) (7)
  - Female sterilization ("Tubes tied") (8)
  - Partner's sterilization (Vasectomy) (9)
  - Emergency contraception (Plan B) (10)
  - Other (specify) (11)
- 
- None (12)
  - Prefer not to answer (13)
-

*Display This Question:*

*If Q63 = Condom*

*Or Q63 = Birth control pills*

*Or Q63 = The shot (for example, Depo Provera)*

*Or Q63 = The patch (for example, Ortho Evra)*

*Or Q63 = The ring (for example, NuvaRing)*

*Or Q63 = IUD (for example, Mirena, Skyla, or Paragard)*

*Or Q63 = Implant (for example, Implanon or Nexplanon)*

*Or Q63 = Female sterilization ("Tubes tied")*

*Or Q63 = Partner's sterilization (Vasectomy)*

*Or Q63 = Emergency contraception (Plan B)*

*Or Q63 = Other (specify)*

Q88 Are you currently using the same contraceptive method you were using at the time of your most recent SRH visit?

- Yes, I'm **still** using the method I **began using** as a result of my recent SRH visit (1)
- Yes, I'm **still** using the method I **had already been using** during my recent SRH visit (2)
- No, I'm using a **different method** than one I used **during or immediately after my recent SRH visit** (3)

---

*Display This Question:*

*If Q63 = None*

Q64 Why are you not using a method of birth control? Select all that apply.

- You do not expect to have penile-vaginal sex (1)
  - You do not think you can get pregnant or your partner(s) can get you pregnant (2)
  - Your partner(s) is assigned female at birth (3)
  - You don't really mind if you get pregnant (4)
  - You are worried about the side effects of birth control (5)
  - Your partner(s) does not want to use a birth control method (6)
  - You could not afford a method (7)
  - It was too difficult to get a method (8)
  - You just had a baby (9)
  - Birth control is against your religious or cultural beliefs (10)
  - Other (specify) (11)
- 
- Prefer not to answer (12)
-

*Display This Question:*

*If Q63 = Condom*

*Or Q63 = Birth control pills*

*Or Q63 = The shot (for example, Depo Provera)*

*Or Q63 = The patch (for example, Ortho Evra)*

*Or Q63 = The ring (for example, NuvaRing)*

*Or Q63 = IUD (for example, Mirena, Skyla, or Paragard)*

*Or Q63 = Implant (for example, Implanon or Nexplanon)*

*Or Q63 = Female sterilization ("Tubes tied")*

*Or Q63 = Partner's sterilization (Vasectomy)*

*Or Q63 = Emergency contraception (Plan B)*

*And If*

*Q62 = Penile-vaginal sex*

**Q65 During the times when you were having penis-vagina sex in the past 3 months, how often had you **either** been on at least one method of birth control **and/or** used a condom?**

*What counts as "being on contraception"?*

- Every time (1)
  - Most of the time (2)
  - Some of the time (3)
  - Barely ever (4)
  - Prefer not to answer (5)
-

*Display This Question:*

*If Q63 = Condom*

*Or Q63 = Birth control pills*

*Or Q63 = The shot (for example, Depo Provera)*

*Or Q63 = The patch (for example, Ortho Evra)*

*Or Q63 = The ring (for example, NuvaRing)*

*Or Q63 = IUD (for example, Mirena, Skyla, or Paragard)*

*Or Q63 = Implant (for example, Implanon or Nexplanon)*

*Or Q63 = Female sterilization ("Tubes tied")*

*Or Q63 = Partner's sterilization (Vasectomy)*

*Or Q63 = Emergency contraception (Plan B)*

Q66 How satisfied are you with your current birth control method(s)?

Very satisfied (1)

Somewhat satisfied (2)

Somewhat unsatisfied (3)

Very unsatisfied (4)

---

*Display This Question:*

*If Q63 = Condom*

*Or Q63 = Birth control pills*

*Or Q63 = The shot (for example, Depo Provera)*

*Or Q63 = The patch (for example, Ortho Evra)*

*Or Q63 = The ring (for example, NuvaRing)*

*Or Q63 = IUD (for example, Mirena, Skyla, or Paragard)*

*Or Q63 = Implant (for example, Implanon or Nexplanon)*

*Or Q63 = Female sterilization ("Tubes tied")*

*Or Q63 = Partner's sterilization (Vasectomy)*

*Or Q63 = Emergency contraception (Plan B)*

*And If*

*Q66 = Somewhat unsatisfied*

*Or Q66 = Very unsatisfied*

Q67 Why are you unsatisfied with your current birth control method(s)? Select all that apply.

- It is too expensive (1)
  - It is too difficult to use (2)
  - It is too messy (3)
  - Your partner does not like it (4)
  - There are side effects (5)
  - You are worried you might have side effects (6)
  - You are worried the method will not work (7)
  - The method decreases your or your partner's sexual pleasure (8)
  - It is difficult to obtain the method (9)
  - Other (specify) (10)
-

Q68 If you could use any method of birth control you wanted, even for reasons other than preventing pregnancy, which methods would you use? Select all that apply.

- Condom (1)
  - Birth control pills (2)
  - The shot (for example, Depo Provera) (3)
  - The patch (for example, Ortho Evra) (4)
  - The ring (for example, NuvaRing) (5)
  - IUD (for example, Mirena, Skyla, or Paragard) (6)
  - Implant (for example, Implanon or Nexplanon) (7)
  - Female sterilization ("Tubes tied") (8)
  - Partner's sterilization (Vasectomy) (9)
  - Withdrawal (Also called "the pull-out method") (10)
  - Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature) (11)
  - Other (specify) (12)
- 
- None (13)
-

Q89 How much do you know about the following?

	None (1)	Some (2)	A lot (3)
Birth control pills (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The shot (for example, Depo Provera) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The patch (for example, Ortho Evra) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ring (for example, NuvaRing) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUDs (for example, Mirena, Skyla, or Paragard) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant (for example, Implanon or Nexplanon) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female sterilization ("Tubes tied") (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male sterilization (Vasectomy) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraception (for example, Plan B) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break



Q71 Now we would like to ask you a few general questions about you.

Which of the following best describes your gender identity (which may be different than your sex assigned at birth)?

- Girl or woman (1)
  - Boy or man (2)
  - Non-binary, gender fluid, gender non-conforming, or gender expansive (3)
  - I am not sure or questioning (4)
  - A gender not listed here (specify) (5)  

---
  - I don't know what this question means (6)
  - Prefer not to answer (7)
- 

Q72 Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. Do you consider yourself to be transgender?

- Yes (1)
  - No (2)
  - I don't know what this question means (3)
  - Prefer not to answer (4)
-

Q73 Which of the following best describes your sexual orientation?

- Straight or heterosexual (1)
- Gay or lesbian (2)
- Bisexual or pansexual (3)
- Queer (4)
- Asexual (5)
- I am not sure yet (6)
- An orientation not listed here (specify) (7)  

---
- I don't know what this question means (8)
- Prefer not to answer (9)

-----

Q74 What languages do you usually speak at home? Select all that apply.

- English (1)
- Spanish (2)
- Other language(s) (specify) (3)  

---

Q75 What's the highest level of education you have completed?

- Less than high school (1)
  - High school graduate or GED (2)
  - Some college but no degree (3)
  - 2-year college degree (e.g., Associate's degree) (4)
  - Trade or vocational program (5)
  - 4-year college degree (e.g., BA, BS) (6)
  - Graduate degree (7)
- 

Q76 Thinking about last week, were you...? Please select all that apply.

- Working (1)
  - Working - Maternity leave or temp leave (2)
  - Not working, looking for work (3)
  - Taking care of your home or family (4)
  - In school (5)
  - Other (specify) (6)
-

Q77 What is your current relationship status?

- Currently married (1)
  - Living with a partner, but not married (2)
  - In a committed dating relationship, but not living together (3)
  - In a casual dating relationship (4)
  - Only having sex (5)
  - Not in any relationship (6)
- 

Q78 Are you currently covered by any kind of health insurance?

- Yes (1)
- No (2)

*Skip To: Q80 If Q78 = No*

---

Q79 In the past 12 months, was there any time that you did not have any health insurance?

- Yes (1)
  - No (2)
- 

Q80 How many times have you given birth?

▼ 0 (1) ... Prefer not to answer (8)

---

Q81 How many children under the age of 18 currently live with you?

▼ 0 (1) ... Prefer not to answer (8)

Q86 As you may know, since June 2022, many states have implemented new restrictions or bans on abortions. Have you done any of the following as a result? Select all that apply.

- Got emergency contraception (Plan B) to have on hand (1)
  - Received or considered receiving a sterilization operation (2)
  - Switched or considered switching to a more effective method of birth control (3)
  - Started using or considered using any method birth control (4)
  - Moved or considered moving out of your state (5)
  - None of the above (6)
  - Something else (specify) (7)
- 
- Prefer not to answer (8)

*Display This Question:*

*If Q71 = Boy or man*

*Or Q71 = Non-binary, gender fluid, gender non-conforming, or gender expansive*

*Or Q71 = I am not sure or questioning*

*Or Q71 = A gender not listed here (specify)*

*Or Q72 = Yes*

Q87 As you may know, many states are implementing bans on gender affirming care. Have you done any of the following as a result? Select all that apply.

- Avoided talking about your gender identity or pronouns with your SRH provider (1)
  - Changed SRH providers, clinics, or service organizations to avoid disclosing your gender identity (2)
  - Changed your gender expression when going to see an SRH provider to avoid discrimination (3)
  - Delayed, cancelled, or traveled out of state for gender affirming surgical procedures (4)
  - Sought or considered seeking hormone replacement therapies from friends, on the internet, or via local networks (5)
  - Sought or considered seeking other medications or services as alternatives to prescription hormone replacement therapies (eg: steroids to increase testosterone, voice therapy to lower your voice, etc) (6)
  - Stockpiled hormone replacement therapies, requested a larger dose than you need, or used your dose less frequently (7)
  - Stopped or considered stopping hormonal replacement therapies entirely (8)
  - Moved or considered moving out of your state (9)
  - None of the above (10)
  - Something else (specify) (11)
- 
- Prefer not to answer (12)

End of Block: Survey

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